

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/574554

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1				
4		1		1		
5		4		1		
6		4				
7		4		1		
8		4				
9		4		1		
10		4				
11		4		1		
12		4				
13		4		1		
14		4				
15		4		1		
16		4		1		
17		3				
18		3				
19		3				
20		3				
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27		1				
28		1		1		
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50						
TOTAL	1	78	1	20		
TOTAL DEP.		78		20		
TOTAL CLAIMS		79		21		

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
IND.						
TOTAL DEP.						
TOTAL CLAIMS						